

1115

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

*Supplement Attached*  
**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTH

1. County of Marijuana District of No 3 Town of Mesa  
or  
City of \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Laurence Elsworth 3. Sex of Child Male 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Aug 3-24  
Month day year

8. Full name FATHER Laurence Elsworth 9. Residence (Usual place of abode) Mesa Ariz  
If nonresident, give place and state \_\_\_\_\_ 10. Color or race white 11. Age at last birthday 38 (Years) 12. Birthplace (city or place) Mesa Ariz  
(State or country) \_\_\_\_\_ 13. Occupation Clerk  
Nature of industry \_\_\_\_\_

14. Full maiden name MOTHER Lena Stapley 15. Residence (Usual place of abode) Mesa Ariz  
If nonresident, give place and state \_\_\_\_\_ 16. Color or race white 17. Age at last birthday 22 (Years) 18. Birthplace (city or place) Phatet Ariz  
(State or country) \_\_\_\_\_ 19. Occupation Housewife  
Nature of industry \_\_\_\_\_

20. Number of children of this mother (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn \_\_\_\_\_  
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 3:40 a.m. on the date above stated.  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.  
Given name added from \_\_\_\_\_  
supplemental report \_\_\_\_\_  
Month, day, year. \_\_\_\_\_

Signature B. B. Moore (Physician or midwife)  
Address \_\_\_\_\_  
Filed Sept 13, 1924 Local Registrar HARRY J. FELCH, M.D.  
County Registrar.

358-803-328